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Substi	Substitute for form 1449/PTO			Complete if Known			
				Application Number	09/467,965-Conf. #3040		
	FORMATION	I DI	SCLOSURE	Filing Date	December 21, 1999	***************************************	
ST	ATEMENT E	3Y /	APPLICANT	First Named Inventor	Byung KIM		
				Art Unit	2621		
(Use as many sheets as necessary)				Examiner Name	R. Chevalier	*****	
Sheet	1	of	1	Attorney Docket Number	1630-0367PUS1		

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Examiner Initials	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	₹2

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^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 509. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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